

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039990

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

XC-21 200 232

SL 28421

Primary Registration District No.

1003

Registrar's No.

10612

STATE FILE NUMBER

FILED NOV 13 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN 915 N. Grand, St. Louis, Mo.Length of stay in 1b
178 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VET. ADM. HOSPITALInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 2815 N. 23rd St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ERNEST

Middle

Last
BENHAM4. DATE
OF
DEATHMonth
NovemberDay
4Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8/23/11

9. AGE (last birthday)

51

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Bartender

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Bonne Terre, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joseph J. Benham

13b. MOTHER'S MAIDEN NAME

Maggie A. Foshee

14. NAME OF HUSBAND OR WIFE

- - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW-2

17. INFORMANT

Address

Margaret Smith (Sister), South Gate, Mich.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMONIA

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

493 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/10/62

to 11/4/62

and last saw him alive on 11/4/62

Death occurred at 1:55 P. M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

JOSEPH A. SCHAEFER

(Degree or title)

M. D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

11/4/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

11-5-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Ecorse, Michigan

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ballheim Funeral Home, Ecorse, Michigan

25. DATE RECD. BY LOCAL REG.

NOV 5 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip J. Robinson

Licensed Embalmer No. 4108

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.